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IBHP INTEGRATED BEHAVIORAL HEALTH PLAN

Connections

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Winter Blues: Shining Some Light on Seasonal Affective Disorder

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and biofeedback.*

Seasonal Affective Disorder (SAD) is a cyclic mood condition characterized by winter depressions caused by insufficient light. Legitimate concerns about the link between UV light and skin cancer have led many health-conscious people to avoid exposure to sunlight. New evidence, however, suggests that sun avoidance may be leaving some of us in the dark when it comes to mental health.

We need sunlight to stay healthy, but modern lifestyles tend to limit our ability to obtain some of the essential nutrients that derive from sunlight. In ancient times days were bright and nights black, but today artificial lighting and pollution create conditions of unnaturally light nights and dark indoor days, resulting in a disruption of the daily rhythm of nature and even depressing our moods. We have become a light-deprived society separated from the energy-activated benefits of the light of the sun.

The psychological benefits of light depend on our eyes. Studies suggest that light absorbed on other parts of the body yields little antidepressant response and that sunglasses and contact lenses tend to limit the sun's good effect. In the book *Health and Light*, John Ott contends ultra-violet full spectrum light is also essential for over-all human health. He and a number of other scientists have advanced the theory that the sun's energy activates a synthesis of positive body events, such as boosting the immune system. More controversially, they also argue that the current fear of sunlight may be compromising natural health, pointing to statistics that suggest skin cancer appears to occur significantly higher in those repeatedly cut off from the sun than among those who are regularly exposed. Sunlight's role in maintaining physical wellness might be arguable, but its necessity for positive mood is not.



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It is estimated that five million Americans suffer every winter from SAD. Moreover, there is every reason to believe that even this surprising number is grossly underestimated. It sometimes is referred to as the "latitude illness," as it occurs more frequently in the northern hemisphere. In addition to common depression symptoms, many find these lightless days accompanied by irresistible urges to eat, weight gain, poor concentration, over sleeping and listlessness. As winter brings joy to some, others dread its arrival for they know their symptoms will reappear as surely as the season itself. The literature indicates that women are particularly sensitive to reduced daily light, but anyone can develop a chronic problem with winter blues. SAD is not recognized by the mental health community as a separate disorder, but instead is listed as a subtype episode of major depression. While it is correctly categorized with broader classes of depressive disorders, SAD responds to specific treatments that are unique to this form of depression.

Phototherapy or bright light therapy is a popular tool marketed to counter the winter blues. Many of today's products, commonly known as light boxes, feature plastic screens backed by white fluorescent lights that emit up to 10,000 lux. Most cost around \$200 but some newer, smaller models are more expensive. There are no formal research findings that link light boxes with general antidepressant effects, but people report being helped. Though anecdotal, such experiential accounts are worth consideration and may justify pursuit of clinical research into the efficacy of light therapy. The therapy recommends positioning the light at a downward slant toward the open-eyed

person; directly staring at the light source is unnecessary. It is usually advised to begin light-sessions at ten minutes with a goal of working up to forty-five minutes twice a day. There appears to be no recommendation as to the time of day the artificial light is most beneficial, so convenience is most practical. Advocates of this therapy report

improvements can be expected within the first week of use and if there is no success after six weeks, the therapy style should be re-evaluated.

It should be emphasized that SAD is not a separate disorder; it occurs within major depressive and bipolar disorders and should be considered potentially serious. If standard methods of countering winter blues such as EAP counseling, obtaining more light and improving relationships prove ineffective, it is advisable to seek a medical consultation concerning medication. This is particularly recommended if there is a history of recurring

depression, prior positive responses to medication, impaired functioning due to mood and, of course, any suicide risk.

SAD symptoms were first identified over 150 years ago. Some believe that modern life styles, which keep people indoors more frequently, may be worsening the situation. There are treatment models being developed to counter this condition, but maybe what makes the most sense is plenty of fresh air and careful exposure to more sunlight. That does, after all, seem the most natural. For those interested in obtaining artificial light, the contact below is a good starting point.

Society for Light Treatment and Biological Rhythm
P.O. Box 591687

174 Cook Street San Francisco, CA 94159-1687

www.websciences.org/sltbr



Depression and Heart Disease Link

A large Swedish study published last week reports that men and women hospitalized for depression are about one and a half times as likely as others to develop coronary heart disease. The risk is even greater for people hospitalized before age 50.

The researchers identified 44,826 men and women hospitalized for depression from 1987 to 2001 in Sweden, and then traced their history of heart disease using the Swedish national discharge registry. The study appears in the December, 2005 issue of The American Journal of Preventive Medicine.

For more information on depression and an online, confidential depression screening, please visit our website at:

<http://www.bpahealth.com/employees.html>.

Did You Know...

While heart disease and stroke kill one in every 3.7 men, one in 2.4 women lose their lives to heart disease and stroke.

- They are the No. 1 and No. 3 killers of women. By way of comparison, breast cancer kills one in 29 women.
- Mental stress can trigger a lack of blood flow to the heart and increase the risk of death in people with coronary artery disease, researchers report in the Journal of the American Heart Association.

February is National Heart Month!

Did you know drinking alcohol can raise your blood pressure?

If you're an adult and your blood pressure is 140/90 mm Hg or above, you have hypertension and are at higher risk for heart disease, stroke and other medical problems. See a doctor and learn how to manage your blood pressure and how often to have it checked. High blood pressure has no symptoms, so if you haven't had it checked in a while, make an appointment now. **One in three adult Americans has high blood pressure, and nearly one-third of them don't know they have it.**

Factors that contribute to high blood pressure

Medical science doesn't understand why most cases of high blood pressure occur, so it's hard to say how to prevent it. However, we do know of several factors that may contribute to high blood pressure and raise your risk for heart attack and stroke.

Controllable risk factors

- **Obesity** – People with a body mass index (BMI) of 30.0 or higher are more likely to develop high blood pressure.
- **Eating too much salt** – A high sodium intake increases blood pressure in some people.
- **Drinking too much alcohol** – Heavy and regular use of alcohol can increase blood pressure dramatically.
- **Lack of physical activity** – An inactive lifestyle makes it easier to become overweight and increases the chance of high blood pressure.
- **Stress** – This is often mentioned as a risk factor, but stress levels are hard to measure, and responses to stress vary from person to person. Mental stress increases oxygen demand because blood pressure and heart rate are elevated. Vascular resistance and coronary artery constriction during mental stress also decrease the blood supply.

BPA Spotlight

BPA's United Way campaign was a huge success raising over \$6,000, which was \$1,000 over the goal and \$2,000 more than last year's campaign. One of BPA's rewards for doing such a good job was a costumed, choreographed original cheer by the Executive Team that was a big hit with staff and proved how multi-talented BPA's leaders can be.

BPA staff held the 2nd annual Eric Jones Fund Bazaar last November 9th & 10th raising \$2,400, almost \$1,000 over last year's total of \$1,500. This fundraiser is in memory of Eric, who was a co-worker and friend. The mission of the fund is to help women and children who are victims of violence, abuse and neglect. Last year's funds helped to purchase a playground for children in the Middle East. This year's funds will go to Hope's Door who offers many helpful services to abused women and their children.

IBHP

*Contact
information*

IBHP providers are available wherever you are located. Call the BPA Hotline to schedule an appointment with an IBHP provider near you:

IBHP HOTLINE
TOLL FREE/24 HOUR
1-877-427-2327

Residents of the Treasure Valley call
343-4180

Visit the BPA website at:
www.bpahealth.com



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